

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550154

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1					
15	1					
16		2		1		
17						
18				1		
19						
20					1	
21					1	
22					1	
23					1	
24					1	
25					1	
26					1	
27	1				1	
28		1			1	
29		1			1	
30	3			1		
31	3			1		
32	3			1		
33	3			1		
34	3			1		
35	3			1		
36	3			1		
37	④			1		
38	④			1		
39	④			1		
40	④			1		
41	④			1		
42	1					
43	1					
44	1					
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	7					
TOTAL DEP.	53					
TOTAL CLAIMS	60					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						1
53						1
54						
55						
56						
57						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						